



DRUG COURTS AS A PARTNER IN MENTAL HEALTH AND CO-OCCURRING SUBSTANCE USE DISORDERS DIVERSION PROGRAMS

A Product of the SAMHSA Jail Diversion Knowledge Development and Application Initiative

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Many U.S. communities have been unsuccessful in providing appropriate supervision for mandated treatment participation for individuals with severe mental illnesses released from local jails. This has been particularly challenging for communities with jail mental health diversion programs, where participation in treatment is essential to making the diversion work. The drug court model, which has gained great respect over the past 10 years, has been shown to be an effective means for the supervision of drug offenders in treatment¹. Only recently have drug courts been seen as useful adjuncts to jail diversion programs for persons with mental illnesses and co-occurring substance use disorders.

One noteworthy example of this new awareness is Lane County, Oregon, which has employed its drug court to improve supervision of individuals with co-occurring mental health and substance use disorders participating in the post-booking jail diversion program.

Lane County (Eugene, OR) is one of nine sites funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the Jail Diversion Knowledge Dissemination Application (KDA) Initiative. This partnership between the Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT) is a study of jail diversion programs that serve individuals with co-occurring mental health and substance use disorders. The sites were funded to evaluate the effectiveness of diverting nonviolent, low-level offenders with co-occurring mental health and substance use disorders from the criminal justice system. The goal of this initiative is to determine what types of diversion programs work, for whom, and under what circumstances.

History of Drug Court Model

During the 1980s, many criminal courts across the country were strained by increased case loads due to a steep rise in drug-related offenses. In most circumstances, these drug offenders cycled in and out of the court system without receiving any treatment services. Drug courts began as a response to this trend by creating the structure

and procedures to provide more intensive supervision and to engage offenders in treatment services.

The key goals of most drug court programs are to: reduce drug abuse and associated criminal behavior by engaging the offender in treatment services; concentrate drug cases in a single courtroom; address other defendant needs through clinical assessment and case management; and free judicial, prosecutorial and public defense resources for non-drug cases². The specific designs of individual drug courts are developed at the local level and, therefore, vary by community. However, there are certain common elements in most drug courts. The key components of the drug court model include³:

- judicial supervision of structured, community-based treatment;
- identification of defendants for treatment and referral shortly after arrest;
- regular hearings to monitor treatment progress and compliance;
- a series of graduated sanctions; and
- mandatory drug testing.

In the first comprehensive analysis of drug court research, Columbia University's National Center on Addiction and Substance Abuse (CASA) reviewed 30 evaluations of 24 drug courts across the country.⁴ Among its findings were: drug courts provide more comprehensive supervision and more frequent drug testing and monitoring than other forms of community supervision. The CASA study also found that drug courts have greater retention rates (which imply retention in drug treatment) than typically observed for criminal justice offenders and treatment clients in general.

The Lane County Diversion Program

One of the keys to success for a diversion program is to ensure that diverted individuals participate in the community treatment to which they have been linked. Much like other communities, the Lane County diversion program sometimes had difficulties with treatment adherence for persons with co-occurring disorders. The success of

its local drug court program — established in 1994 — lead the county to look to using its drug court as a resource for improving supervision of diverted individuals with mental health and substance abuse problems. Through discussions with the drug court judge, the presiding judge, the public defender and district attorney, the county was able to include some individuals from the SAMHSA diversion program in the drug court program.

The participation of individuals from the SAMHSA diversion program in the drug court is determined by the district attorney. The district attorney makes the decision based on the individual's history and current charges. Individuals are not excluded from the SAMHSA diversion program based on classification of charge, therefore drug court participation is not limited to non-violent, misdemeanor offenses.

The goal of the drug court and the SAMHSA mental health and co-occurring substance abuse initiative is to identify and divert individuals more appropriately to treatment. In Lane County, both those individuals with co-occurring disorders and those with only a substance abuse disorder share the same drug court program structure, supervision and court proceedings, including:

- a single judge;
- voluntary participation;
- the use of a range of graduated sanctions and incentives;
- specified district attorneys and a public defender assigned to the cases;
- program progress is monitored by the court, with court appearances no less than once per month;
- the judge is kept aware of the individual's progress through progress reports on treatment that are provided to the judge prior to a scheduled appearance; and
- successful participation in drug court results in dismissal of charges.

There are, however, some important programmatic differences for the SAMHSA participants with co-occurring disorders and the drug offenders that go through the drug court. The SAMHSA diversion program is different in that:

- eligibility is determined by the jail mental health staff and negotiated with the district attorney's and public defender's offices;
- the offenders receive collaborative mental health and substance abuse treatment;
- the range of sanctions is sensitive to the mental health problems of the co-occurring population;

- there is a mental health specialist-court liaison that has the dual role of case manager and liaison to the judge to provide progress reports; and
- individuals with co-occurring disorders have a separate court docket.

Additionally, the judge that presides over the drug court works collaboratively with the diversion program staff on issues concerning co-occurring disorders and is responsive to these issues when dealing with these individuals.

Using the Drug Court Model

The staff of the Lane County SAMHSA jail diversion program report that the use of the drug court has helped improve judicial supervision of its program participants and has significantly improved treatment adherence. In fact, the staff report that treatment adherence among the co-occurring disorders group is actually higher than the drug offender group because of the high degree of case management provided by the mental health specialist-court liaison. The use of the drug court in Lane County serves as a prime example of how communities can look to drug courts as a resource for diversion services for offenders with co-occurring mental health and substance use disorders.

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REFERENCES

1. Belenko, S. 1998. "Research on Drug Courts: A Critical Review." The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
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4. Belenko, 1998.

The National GAINS Center for People with Co-Occurring Disorders in the Justice System is a national center for the dissemination and application of information about effective mental health and substance abuse services for people with co-occurring disorders who come in contact with the justice system. The GAINS Center is jointly funded by two centers of the Substance Abuse and Mental Health Services Administration — the Center for Substance Abuse Treatment and the Center for Mental Health Services — the National Institute of Corrections, the Office of Justice Programs and the Office of Juvenile Justice and Delinquency Prevention.
